

# **Outcomes Framework for Creating Hope Together:**

## **Scotland's Suicide Prevention Strategy and Action Plan**

**June 2023**



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## Part 1: Introduction

In September 2022 the Scottish Government and COSLA published [Creating Hope Together: Scotland's Suicide Prevention Strategy 2022 to 2032](#) and the accompanying [Action Plan for 2022 to 2025](#). The Strategy's **vision is to reduce the number of suicide deaths in Scotland, whilst tackling the inequalities which contribute to suicide.**

### Why we adopted an outcomes approach

The Strategy and Action Plan have been developed using an outcomes based model for the following reasons:

- It recognises - and gives visibility to - the range of changes (outcomes) that we understand are needed to prevent suicide and achieve our vision. The range of changes recognises the complexity of suicide and the need to tackle the social determinants and inequalities which contribute to suicide, as well as ensuring our environment protects against suicide risk.
- It sets out a clear and evidence informed routemap of how we will realise our long term outcomes and overarching vision (for the 10 year Strategy), through a series of short and medium term outcomes. We expect the short term outcomes to have effect over the period of the first (3 year) Action Plan, and the medium term outcomes to have effect over the first 6 years of the Strategy.
- By linking every action to our vision, the framework acts as a practical tool to ensure that reducing inequalities in suicide *and* meeting the needs of people with higher risk of suicide, are central to our planning, monitoring and evaluation. We know this is critical to reducing suicide deaths.
- It reflects the long term nature of achieving significant social change, such as attitudes towards suicide (in line with our 10 year Strategy), whilst also supporting decision making on short term actions (in line with our 3 year Action Plan). Further, it allows for priorities to be reviewed in a systematic and ongoing basis, drawing on clear evidence of impact and any significant changes to the context in which we are operating. The approach we have taken to developing a rolling suite of action plans also provides built-in opportunities to refocus activity over the 10 year period, to ensure our approach is driving change across the long term outcomes and vision.

- It allows us to address both ‘upstream’ factors which affect suicide, such as poverty and homelessness, as well as ‘downstream’ actions, such as the provision of high-quality support for individuals, families and communities who are currently affected by suicidal behaviour. This is important as effective suicide prevention includes a range of prevention, intervention and postvention activities - to ensure the right responses are available for people when they need them.

It offers an active planning and evaluation tool, allowing short term programmes of work to be developed, measured and revised with a clear line of sight to achieving long term change through the achievement of outcomes (rather than the implementation of activities or the completion of outputs). It is important to highlight, that we expect many of our actions to contribute to more than one outcome (although there is likely to be a primary outcome where the change is anticipated to occur).

- Over the lifetime of the Strategy, we will use the following elements to guide and prioritise future actions and investment:
  - the short and medium outcomes themselves, and any revisions made to them over time;
  - data on progress made in achieving these short and medium term outcomes; and
  - evaluation data relating to specific actions that have been delivered.

This framework can be used to support national, local and sectoral partners to design and deliver their activities so that they contribute positively to improved outcomes. This complements our new integrated model for delivering the strategy through the Suicide Prevention Delivery Collective (which is called Suicide Prevention Scotland), where we will work across national, local and sectoral boundaries and partnerships to deliver change.

- Finally, the outcomes framework enables robust reporting on whether, how and for whom positive changes have been achieved through the Action Plan. This reporting will ensure the National Suicide Prevention Advisory Group (NSPAG) is able to fulfil its role in providing Scottish Government and COSLA with independent advice on progress in delivering the Strategy, as well as giving strategic advice to the Delivery Collective to support delivery.

## **Long term outcomes in the Strategy**

Outcome 1: The environment we live in promotes conditions which protect against suicide risk – this includes our psychological, social, cultural, economic and physical environment.

Outcome 2: Our communities have a clear understanding of suicide, risk factors and its prevention – so that people and organisations are more able to respond in helpful and informed ways when they, or others, need support.

Outcome 3: Everyone affected by suicide is able to access high quality, compassionate, appropriate and timely support – which promotes wellbeing and recovery. This applies to all children, young people and adults who experience

suicidal thoughts and behaviour, anyone who cares for them, and anyone affected by suicide in other ways.

Outcome 4\*: Our approach to suicide prevention is well planned and delivered, through close collaboration between national, local and sectoral partners. Our work is designed with lived experience insight, practice, data, research and intelligence. We improve our approach through regular monitoring, evaluation and review.

\* We recognise the 4<sup>th</sup> outcome is an enabling outcome to the other 3 outcomes. Whilst technically a process, rather than a societal outcome, we consider it is critical to achieving the vision.

### **Development of the outcomes framework**

This outcomes framework has been designed to guide the delivery, monitoring, evaluation and reporting of Creating Hope Together.

The outcomes framework will continue to be developed and enhanced as further intelligence, research, and evidence become available, or societal changes occur, ensuring it acts as the most effective planning, learning and reporting tool.

The framework has been developed and tested with key stakeholders. We will continue to engage with key stakeholders, including people with lived experience, as we further develop the measurement approach for the outcomes framework, as well as any refinements to the outcomes framework itself.

### **Monitoring and evaluating the Strategy and Action Plan**

Given that we are currently in year 1 of the Strategy, the initial focus of the outcomes framework has been on developing clear and measurable short term outcomes, together with the identification of appropriate indicators and data sources. We have ensured that the short term outcomes connect to the medium and long term outcomes (based on the evidence that is currently available).

The short term outcomes relate to aspects of work which, we believe, the Strategy and Action Plan can directly affect over the three-year life span of the first Action Plan.

Focusing initially on progress toward these short term outcomes will:

- provide a framework for the ongoing planning, reporting and review of the Action Plan;
- consolidate baseline data which will benefit future measurement of progress (across all outcomes); and
- provide an early indication of the scope, quality, completeness and consistency of data and evidence currently available; this will support the development of plans for improvement where needed.

Further detail on monitoring, evaluation and reporting is covered in parts 3 and 4 below.

## **Part 2: The Outcomes Framework**

The outcomes framework is set out in the diagram at Annex B (supporting document). This sets out our theory of change on how the short and medium term outcomes will contribute to the achievement of the four long term outcomes, and ultimately the vision set out in the Creating Hope Together Strategy.

### **Ongoing development**

As mentioned above, the outcomes - and the relationship between outcomes - will be reviewed and updated in light of new intelligence, research, or other forms of evidence, or societal changes.

As we continue to develop and embed the outcomes approach to suicide prevention, we will also ensure our theory of change accurately reflects our understanding of:

- the relationship between implementation of actions and the achievement of outcomes, and
- the relationships between short term, medium term and long term outcomes – and the ultimate vision.

Underpinning the outcomes and their measurement, we will ensure that our growing knowledge of what works in preventing suicide is reflected across our outcome based approach – for example, our understanding about the social determinants and intersectionality of factors which increase suicide risk (and make people more or less likely to be affected by suicide). This knowledge will be gained in many ways, including from routine evaluation of our activities, in addition to lived experience insight, research, and insight from practitioners.

## **Part 3: Measuring changes to outcomes**

### **Context**

To assess our progress towards the long term outcomes (and vision) we need to understand what and where we expect to see change happen, and how that change can be measured.

The table at Annex A sets out our plans on indicators, as well as potential measures and data sources for each of the short term outcomes.

Our measurement approach will continue to develop over time as we take forward and enhance our measurement plans and indicators (as new evidence becomes available); and, as we learn from our experience of working in an outcomes focussed way. For some outcomes it is already clear what needs to be measured to assess progress, whilst for other outcomes we need to build our understanding.

Achieving the long term outcomes (and vision) of the Strategy will require targeted effort to address inequalities, and to reach and support groups with higher risk of suicide. In line with this, we will measure change at both population wide and targeted group levels.

Finally, we recognise that during years 1 and 2 of the Strategy the ability to demonstrate evidence on achieving the outcomes may be limited. It will take time to capture new data and put measures in place, and it may also take time for our actions to flow through to measurable social change (as described by the outcomes).

### **How we will measure change**

We will explore all opportunities to measure the impact of our work on an ongoing basis, ensuring that we capture the difference we are making, and for whom. It is also important that we are able to demonstrate whether or not we are on track to achieve the long term outcomes (and vision) throughout the lifespan of each Action Plan.

Some of the proposed measures set out in Annex A will be drawn from existing sources (e.g. population surveys). Other measures will require new or adapted data sources, including using bespoke tools to capture qualitative measures, such as people's experiences.

As the data collection work progresses, we will continue to assess the most appropriate and effective measures to adopt in order to assess and report change meaningfully and robustly. Indicators and measures will be confirmed in future versions of the outcomes framework and annual progress reports.

Finally, we will adopt a proportionate and efficient approach to data collection, measurement, and reporting. For example we will:

- seek to maximise the use of data sources, for example, to measure progress across a range of outcomes and potentially across linked programmes, such as the Mental Health and Wellbeing Strategy.

- avoid duplication of effort and minimise requests to partners and the public. For example, any additions to population survey or partner feedback would include data relating to all relevant outcomes, wherever possible.

### **Contextual factors, underlying assumptions and unintended consequences**

Our monitoring and evaluation approach will take account of the wider context within which Creating Hope Together is being implemented, and the assumptions we have used to design our approach.

There are different types of contextual factors that could affect the intended impact of the Strategy, including socio-economic, socio-cultural, and political factors. These factors will be considered alongside the evidence of progress in achieving outcomes. Some of these factors could affect implementation directly, such as funding availability and strategic priorities of partners, whilst other macro factors, such as inflation or significant population health issues, may have indirect effects.

As mentioned earlier, as the outcomes framework continues to develop and be embedded, it will be important to examine the assumptions that underlie our outcomes framework, including the relationship between short and medium term outcomes and long term outcomes, and the relationship between implementation activities and outcomes. Our monitoring and evaluation plans will include testing of these assumptions.

There may also be unintended consequences (positive or negative) arising from implementation of the Strategy, which may affect suicide prevention or wider policies. We will take all reasonable steps to identify and manage potential unintended consequences as part of our planning and delivery.

## Part 4: Reporting

The proposed annual reporting cycle for the Strategy is as follows:

- An annual report will be produced by the Suicide Prevention Delivery Collective showing progress in implementing the Action Plan as well as evidence of changes to outcomes (initially this will focus on short term outcomes only).

*Scheduled for May*

- The National Suicide Prevention Advisory Group (NSPAG) will consider the annual report, and provide an assessment of progress to Scottish Government & COSLA, with views on whether any reprioritisation/ redirection is necessary.

*Scheduled for June*

- The annual report will be published online by Scottish Government and COSLA.

*Scheduled for July (the first annual report will be published in 2024)*

Additionally, the NSPAG will receive updates from the Suicide Prevention National Delivery Lead on strategic delivery issues 3 times per year, as part of its business meetings. This will also afford an opportunity for NSPAG to provide strategic delivery advice to the Delivery Collective or to provide in-year advice to Scottish Government & COSLA.



**Notes for Annex B (supporting document):**

1. Suicidal behaviour comprises suicide attempt and suicide death.
2. Unless specified, the terms 'data' and 'intelligence' are used to cover lived experience insight, practice insights, data, information and intelligence.
3. The timescales for achieving the short and medium term outcomes are indicative.
4. We anticipate many of our actions will contribute to more than one outcome (although there is likely to be a primary outcome where the change is anticipated to occur).
5. The numbering of the nine short term outcomes is for reference purposes, and to assist reporting. The numbering of the four long term outcomes align with how they are set out in the Strategy.

### Potential Indicators, measures and data sources for short term outcomes

The table below sets out our plans on indicators, as well as potential measures and data sources - for each of the short term outcomes. We will explore all opportunities to measure the impact of our work on an ongoing basis, ensuring we capture the difference we are making, and for whom. Changes to indicators and measures will be confirmed in future versions of the Outcomes Framework and annual progress reports.

Long term Outcome	Short term outcome	Example Indicators	Example Measures and Data (Acronyms listed at end)
1. The environment we live in promotes conditions which protect against suicide risk	S1. Key priority Scottish Government policies (based on Annex A in the Action Plan 2022-25) increasingly incorporate and deliver actions designed to contribute to both suicide prevention and tackling the inequalities that affect suicidal behaviour.	<p>The initial focus will be prioritising implementation of the policies listed in Annex A of Creating Hope Together Action Plan, namely:</p> <ul style="list-style-type: none"> <li>• Mental Wellbeing and Social Care: self harm, trauma and adverse childhood experiences, dementia, mental health law; care quality standards; workforce, digital and primary care; wellbeing and prevention; supporting mental health in the workplace; student mental health; autism and learning disabilities.</li> <li>• Wider Government: homelessness; drugs mission; alcohol; child poverty; money and debt advice; social security; social care/national care service; whole family wellbeing support; social isolation and</li> </ul>	To assess how well these policy commitments are being implemented, we will undertake an annual review; this will consider the content and implementation of policies (plus evidence of impact wherever possible).

Long term Outcome	Short term outcome	Example Indicators	Example Measures and Data (Acronyms listed at end)
		loneliness; The Promise/people with care experience; children and young people; bereavement support for children and young people; family law; criminal justice and prisons; victims and witnesses; violence against women and girls; hate crime; asylum and migration; veterans; physical health and activity; planning and building standards; road safety; menopause; gambling; redundancy; carers and volunteering.	
	S2. There is increased multi-agency and cross-sectoral awareness and action nationally and locally to restrict access to methods of suicide.	We will work with national and local stakeholders to develop a baseline and indicators of multi-agency and cross-sectional awareness of reducing access to methods of suicide.  We will see more restricted access to methods of suicide – with initial focus on the use of identified locations of concern.	We will work to include questions on this as part of an annual survey of local suicide prevention leads, and key national and local stakeholders / partners. This will provide a baseline on: awareness of reducing access; and, the impact of such restrictions on identified methods.
	S3. Traditional media (including their online content) increasingly recognise and implement best practice	By traditional media we mean newspapers, radio, television, cinema.  Changes will be demonstrated through adherence to best practice guidelines (e.g., Samaritans/World Health	We will undertake regular monitoring of a sample of traditional (national and local) media, including their online content.

Long term Outcome	Short term outcome	Example Indicators	Example Measures and Data (Acronyms listed at end)
	in reporting, discussing and portraying suicide.	Organisation) and legal regulations.	
2. Our communities have a clear understanding of suicide, risk factors and its prevention	S4. People are more informed about suicide, and able to respond confidently and appropriately to people who may be suicidal or affected by suicide; particularly focussed on reducing the inequalities that affect suicidal behaviour.	<p>We recognise that there are different types of community e.g., geographical and interest based, and we will ensure we consider communities in their broadest terms.</p> <p>To develop baseline information, we will work with communities and stakeholders to identify measures which demonstrate they are better informed, confident and able to provide an appropriate response. We will ensure actions are informed by an understanding of inequalities (protected characteristics, socio-demographic, and other groups differentially affected by suicide).</p>	<p>Using existing surveys (e.g., SHeS, SHhS, Scottish Social Attitudes Survey, LFS), and/or commercial survey (e.g., YouGov, IPSOS-MORI) we can undertake sample survey(s) of the general population (individuals, families, communities) and workplaces. We will also work with trusted organisations to measure the impact on groups who face inequalities.</p> <p>As we take implement the Action Plan we will also seek to routinely collate data on how well communities understand the risk and protective factors of suicide. For example: data from campaigns, feedback from outreach and engagement activities, as well as from focused activities e.g. implementation of the Time Space Compassion principles at a community level.</p> <p>Qualitative opportunities will be explored throughout.</p>
	S5. People are more confident and able to seek help for themselves or others who may be suicidal/at higher suicidal risk or affected by suicide and	<p>We will work with relevant stakeholders to identify appropriate measures which demonstrate increased confidence among communities and groups within key settings. This could contribute to providing a baseline picture.</p> <p>We will develop measures to demonstrate</p>	We will undertake sample survey(s) of general population using commercial and/or existing surveys as detailed above, as well as incorporating feedback as part of our place and community based work (e.g. the joint Samaritans and Scottish Government project in West Highlands and Skye which seeks to understand (through research) and support lone and isolated workers).

<b>Long term Outcome</b>	<b>Short term outcome</b>	<b>Example Indicators</b>	<b>Example Measures and Data (Acronyms listed at end)</b>
	<p>are able to do so without experiencing stigma; particularly focussed on reducing the inequalities that affect suicidal behaviour.</p>	<p>improvement in people's ability to seek help.</p> <p>We will work to develop an explicit definition of suicide stigma so we can identify indicator(s) and methods to measure the change in people's experience of stigma. We will work with academic colleagues, people with lived experience, and national and local stakeholders to develop this.</p>	<p>We will use evaluation expertise to develop measures which capture change over time.</p>

Long term Outcome	Short term outcome	Example Indicators	Example Measures and Data (Acronyms listed at end)
<p>3. Everyone affected by suicide is able to access high quality, compassionate, appropriate and timely support – which promotes wellbeing and recovery</p>	<p>S6. There is increased knowledge about, and equitable implementation of, appropriate, high quality, effective support; particularly focussing on reducing the inequalities that affect suicidal behaviour</p>	<p>We will work with stakeholders to build our understanding and develop relevant indicators which demonstrate increased knowledge &amp; effective implementation of support. These will connect to S5 outcome above.</p> <p>This will include key groups and settings in order to tackle inequalities and support those at higher risk of suicide.</p>	<p>We will collect this information as part of an annual audit of local suicide prevention (implementation) plans, other health and social care service plans, through a survey of local suicide prevention leads, and feedback via the Delivery Collective (which will include support providers).</p> <p>We will also collect information through regular meetings with health boards, health and social care partnerships, and key focused groups such as suicide prevention leads and mental health leads.</p>
	<p>S7. People, who may be suicidal or affected by suicide in any way, have more equitable access to appropriate, high quality, effective support - to prevent suicide and promote wellbeing and recovery; particularly focussed on reducing the inequalities that affect suicidal behaviour.</p>	<p>We will develop relevant indicators working with people with lived experience; and will work with relevant national, sectoral and local stakeholders to explore how best to collect.</p>	<p>We will develop a more targeted approach to enable a series of qualitative and quantitative engagement processes to seek feedback from groups at greater risk e.g. children and young people, middle-aged men, people in areas of social deprivation, people bereaved by suicide, people with protected characteristics, and people who access key statutory services when suicidal, for example via primary care and unscheduled care.</p>

<b>Long term Outcome</b>	<b>Short term outcome</b>	<b>Example Indicator</b>	<b>Example Measures and Data (Acronyms listed at end)</b>
<p>4. Our approach to suicide prevention is well planned and delivered, through close collaboration between national, local and sectoral partners. Our work is designed with lived experience insight, practice, data, research and intelligence.</p>	<p>S8. There is more effective collaboration and joint working between national, local and sectoral partners to support implementation of the strategy and action plan.</p>	<p>We will develop relevant indicators which we can then use to measure the effectiveness of collaboration and joint working on the implementation of the strategy and action plan. This will take a broad view of collaboration which involves national, sectoral and local groups/ organisations with a focus on supporting minority / marginalised groups, as well as those working specifically on suicide prevention.</p>	<p>We will undertake an annual survey of Delivery Collective members and local suicide prevention leads which will include questions to assess this.</p> <p>We will also undertake a sample survey of key national, sectoral and local stakeholders whose work focusses on tackling the social determinants/inequalities that affect suicidal behaviour, as detailed against long term outcome 1.</p>
	<p>S9. Lived experience insight and other sources of data and intelligence are more effectively collected, shared and used in planning, design, implementation and evaluation of suicide prevention interventions.</p>	<p>We will work with people with lived experience, Delivery Collective members and national/sectoral/local stakeholders to develop relevant indicators.</p>	<p>We will undertake a sample survey of data/ intelligence providers and national/ local service planners and partners working in key settings (to be determined).</p> <p>The annual survey of local suicide prevention leads and Delivery Collective members will also be used to collect information about involvement of people with lived experience.</p> <p>We will also ensure there is an ongoing process of feedback on participation and engagement for the Youth Advisory group (YAG), Lived Experience Panel (LEP),</p>

Long term Outcome	Short term outcome	Example Indicator	Example Measures and Data (Acronyms listed at end)
			<p>United to Prevent Suicide (UtPS) members, and the Academic Advisory Group (AAG)</p> <p>As part of the review of national policies under outcome 1, we will also collect information about the involvement of lived experience, and about the use of data and intelligence in policy development/implementation.</p>

**Abbreviations**

- LFS: Labour Force Survey
- SG: Scottish Government
- SHeS: Scottish Health Survey
- SHhS: Scottish Household Survey
- SSAS: Scottish Social Attitudes Survey





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